

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000074003

Entity Name: LA PERLA 1208, CORP.

FILED  
Mar 02, 2004  
Secretary of State

**Current Principal Place of Business:**

820 S. HOLLYBROOK DR.  
#105  
PEMBROKE PINES, FL 33025

**New Principal Place of Business:**

**Current Mailing Address:**

820 S. HOLLYBROOK DR.  
#105  
PEMBROKE PINES, FL 33025

**New Mailing Address:**

FEI Number: 02-0636927

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BETINAEIANA, ARAZI  
820 S. HOLLYBROOK DR.  
#105  
PEMBROKE PINES, FL 33025 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: ARAZI, BETINA ELIANA  
Address: 820 S. HOLLYBROOK DR. #105  
City-St-Zip: PEMBROKE PINES, FL 33025

Title: VD ( ) Delete  
Name: LITMAN DE ARAZI, MARTHA ROSA  
Address: GOROSTIAGA 1749  
City-St-Zip: CAPITAL FEDERAL, ARGENTINA,

Title: TD ( ) Delete  
Name: ARAZI, MARCOS  
Address: GOROSTIAGA 1749  
City-St-Zip: CAPITAL FEDERAL, ARGENTINA,

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETINA ARAZI

PRES

03/02/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date